U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use-Only
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_	( NIG15205 )
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11111	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Joseph Rossi, Jr	Name General Teamsters Local Union No. 249		
	Labor Organization File Number 028-815		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any PO Box 40128		
Street 1553 Hawthorne Street	Street Teamsters Temple, 4701 Butler St		
City Pittsburgh	City Pittsburgh		
State Pennsylvania ZIP Code + 4 15201	State Pennsylvania ZIP Code + 4 15201-0128		
5. Position in labor organization. Union Officer			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati     6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name if any 1.	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	on represents or is actively seeking to represent.		
monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.		
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monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		

Date

Telephone Number

Name of Person Filing Joseph Rossi, Jr.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptant of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	- 1000
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	
Street	**************************************
City State ZIP Code + 4	<u></u>
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	
	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and beverage valued at \$65.00 from law firm who
Trade Name, if any:	represents Teamsters Local 249.
P.O. Box, Bldg., Room No., if any	
Street 219 Fort Pitt Boulevard	
City Pittsburgh	
State PA ZIP Code + 4 15222	
13.b. Is the Business an Employer X or Consultant?	14.b. Amount of payment. \$65.00

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Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 50 PENN CIRCLE WEST  City PITTSBURGH  State PENNSYLVANIA ZIP Code +4 15206	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
Name GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249  Trade Name, if any:	11.a. Nature of such dealing.  IFEBP 51 ST ANDOA! Emplyee Beautis  Confluence Honolulu H.I.
P.O. Box, Blrig., Room No., If any 40128  Street 4701 BUTLER	
City PITTSBURGH	11.b. Approximate dollar value of such dealing.
State PENNSYLVANIA ZIP Code + 4 15201-0128	Resistration Fees and Hotel Deposition conjunction with Attendance Atthe IFEBP SIST AUNUAL CONTERCNER HONOlulo HI.
	12.b. Amount. #1, 900
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
<ol> <li>a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	. File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 50 PENN CIRCLE WEST  City PITTSBURGH  State PENNSYLVANIA ZIP Code + 4 15206	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
Name: GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 40128  Street 4701 BUTLER	11.2. Nature of such dealing.  50th ANNUAL Employer Benifits Conference The conference in New Orleans
City PITTSBURGH	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
State PENNSYLVANIA ZIP Code + 4 15201-0128	Airlive Ticket reinbursment for SOTA AMOUAL Employer Benifits contention New oxleans
	12.b. Amount. 2/6.00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
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P.O. Box, Bldg., Room No., if any  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organ	erwise dealing with the business ctively seeking to represent, or	
8. Name and address of Business (including trade name, if any).  Name WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 50 PENN CIRCLE WEST  City PITTSBURGH  State PENNSYLVANIA ZIP Code + 4 15206	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	•
Name GENERAL TEAMSTERS, CHAUFFEURS AND BELPERS LOCAL UNION 249  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 40128	ANNUAL TRUSTER'S MEETING	
Street 4701 BUTLER	11.b. Approximate dollar value of such dealing.	
City PITTSBURGH	12.a. Nature of interest held as in-	
State PENNSYLVANIA ZIP Code + 4 15201-0128	Reimburs ment for Travel, Mars. charges for attendance as The a	S, INCICKATA)
	12.b. Amount.	248
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		· ·
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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Trade Name, if any:		and the state of t
P.O. Box, Bldg., Room No., if any		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 50 PENN CIRCLE WEST  City PITTSBURGH  State PENNSYLVANIA ZIP Code + 4 15206	9. Business deals with:  a. Labor Organization  X: b. Trust  c. Employer
Name GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249  Trade Name, if any:	11.a. Nature of such dealing.  ANNUAL TRUSTER'S MEETING
P.O. Box, Bldg., Room No., if any 40128  Street 4701 BUTLER	
City PITTSBURGH	11.b. Approximate dollar value of such dealing.
State PENNSYLVANIA ZIP Code + 4 15201-0128	PAYMENT TO MAKJA SMITH CRADING SCRUICE,  2/12 Berky LADL. EAST GREENVILLE PA FOR  CRANING SCRUICES IN CONSUNCTION WITH  ANDUAT TRUSTECT MEVING IN AVAION  N.T.
	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)  or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name:	14.a. Nature of payment.
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P.O. Box, Bidg., Room No., if any Street	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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Name of Person Filing	. File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 50 PENN CIRCLE WEST  City PITTSBURGH  State PENNSYLVANIA ZIP Code +4 15206	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	7 30.80
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

Name of Person Filing	File Number U-
B. Heid an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 50 PENN CIRCLE WEST  City PITTSBURGH  State PENNSYLVANIA ZIP Code + 4 15206	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249  Trade Name, if any:  P.O. Box, Bidg., Room No., if any 40128  Street 4701 BUTLER	ANNOAL TRUSTRE'S MEETING
City PITTSBURGH	11.b. Approximate dollar value of such dealing.
State PENNSYLVANTA ZIP Code + 4 15201-0128	12.a. Nature of interest held or income received.  FINAL PRYMENT ON ACCOMMODITIONS 9614  Third AUE, STONE HALDOR, NJ. 08247
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
<ol> <li>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
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Trade Name, if any:	
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Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the business s actively seeking to represent, or
8. Name and address of Business (Including trade name, if any).  Name WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 50 PENN CIRCLE WEST  City PITTSBURGH  State PENNSYLVANIA ZIP Code +4 15206	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mone	7520.00
<ol> <li>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
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Name of Person Filing		Eile Neu-L	
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B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	inerwise dealing with the business actively seeking to represent or		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name VISION BENEFITS OF AMERICA			ī
Trade Name, if any:	a. Labor Organizatio	on	'
P.O. Box, Bldg., Room No., if any			
Street 300 WEYMAN PRAVA	c. Employer	. •	
City PITTSBURGH		• .	
State PENNSYLVANIA ZIP Code + 4 15236	<u> </u>		
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing		
Name GENERAL TEAMSTERS. CHAURERIDS AND			0. 0.7
HELPERS LOCAL UNION 249 Trade Name, if any:	They suppl	1015100	Fund
P.O. Box, Bldg., Room No., if any   40128	10 Manne	00 G 7 # K C	
Street 4701 BUTLER	4		٠.
City PITTSBURGH	11.b. Approximate dollar value o	f such dealing,	UNKNOWN
State PENNSYLVANIA ZIP Code + 4 15201 0131	12.a. Nature of interest held or		WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW
State PENNSYLVANIA ZIP Code + 4 15201-012	GOLF OUTIN	25	
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	12.b. Amount.		\$117.00
. Receivéd from any employer (other than an employer covered unde from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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ade Name, If any:			
O. Box, Bldg., Room No., if any			Program a pagama
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te ZIP Code + 4			
b. is the Business an Employer or Consultant 2	14.b. Amount of payment.		5
or Consultant ?			

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Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or off of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business clively seeking to represent, or		
8. Name and address of Business (including trade name, if any).  Name PIMCO  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 49TH FLOOR  Street 1345 AVENUE OF THE MERICAS  City NEW YORK  State NEW YORK  ZIP Code + 4 10105=480	9. Business deals with:  a. Labor Organizatio  b. Trust  c. Employer	n	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 4701 BUTLER	11.a. Nature of such dealing.  IN USSTME, WEHAKE FU		HEALTH +
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	11.b. Approximate dollar value o	f such dealing.	1202 Kennessa)
City PITTSBURGH	12.a. Nature of interest held or	Income received.	UN KNOWN
	12.a. Nature of interest held or	Income received.	UN KNOWN
City PITTSBURGH	12.a. Nature of interest held or	Income received.	UN KNOWN
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City PITTSBURGH  State PENNSYLVANIA ZiP Code + 4 15201-0128	12.a. Nature of interest held on Golf Ou Tive 12.b. Amount.	Income received.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held on Golf Ou Tive  12.b. Amount.  12.b. Amount.  12.b. Amount.	Income received.	
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Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	ry value from a business (1) a otherwise dealing with the business actively seeking to represent	
Name and address of Business (including trade name, if any).  Name HIGH MARK	9. Business deals with:	
Trade Name, If any:	a. Labor Organization	
P.O. Box, Blog., Room No., if any SUITE 2307	b. Trust	
Street 5TH PLACE, 120 - %TH AVENUE  City PITTSBURGH	c. Employer	
State PENNSYLVANIA ZIP Code + 4 15222	.i	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249 Trade Name, If any:	HEAlth CARE PROVI	der
P.O. Box, Bldg., Room No., if any 40128 Street 4701 BUTLER		, .
City PITTSBURGH	11.b. Approximate dollar value of such dealing.	UNKNOWA
State PENNSYLVANIA ZIP Code + 4 15201-0128	12.a. Nature of interest held or income received	
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	12.b. Amount.	<b>1733 50</b>
		\$77.80
		\$77.80
a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.	\$77.80
Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  ame:  ade Name, if any:  O. Box, Bidg., Room No., if any	er parts A and B above) or other thing of value.	\$77.80
a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  ame:  ade Name, if any:  O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value.	\$77.80
a.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  ame  ade Name, if any:  O. Box, Bidg., Room No., if any  eet	er parts A and B above) or other thing of value.	\$77.80
a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  ame  ade Name, if any:  O. Box, Bldg., Room No., if any  eet  ZIP Code + 4	er parts A and B above) or other thing of value.	\$77.80

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Name of Person Filing	. File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	nerwise dealing with the business citively seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name HIGH MARK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any SUITE 2307  Street 5TH PLACE, 120 — %TH AVENUE  City PITTSBURGH  State PENNSYLVANTA ZIP Code + 4 15222	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249  Trade Name, if any:	11.a. Nature of such dealing.  Health care provides
P.O. Box, Bidg., Room No., If any 40128 Street 4701 BUTLER	
City PITTSBURGH	11.b. Approximate dollar value of such dealing.
State PENNSYLVANIA ZIP Code + 4 15201-0128	12.a. Nature of interest held or income received.  6/15/04 Golf outing AU Paize \$ 207.20
	12.b. Amount. #207.20
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
(including trade name, if any).	
(Including trade name, if any).  Name:  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	